



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Francis A. Ennis

Application No.: 09/159,172

Group: 1644

Filed: September 23, 1998

Examiner: D. Saunders

For: PREDICTIVE ASSAY FOR IMMUNE RESPONSE

RECEIVED
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TECH CENTER 1600/2900

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>10-03-01</u>	<u>Linda M. Crawford</u>
Date	Signature
<u>Linda Crawford</u>	
Typed or printed name of person signing certificate	

Box AF
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment After Final Rejection Under 37 C.F.R. 1.116 for filing in the above-identified application.

[] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)	(COL. 4)	(COL. 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	11	MINUS	* 20	0
INDEP	2	MINUS	** 4	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20

** not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$9	\$
X \$40	\$
+ \$135	\$

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$
X \$80	\$
+ \$270	\$

OR

TOTAL = \$ 0

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
		\$	_____
		\$	_____
		TOTAL:	\$ <u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for three months Extension of Time	\$	<u>920.00</u>
<input checked="" type="checkbox"/>	Amendment Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Notice of Appeal	\$	<u>320.00</u>
	Second Supplemental Information Disclosure Statement	\$	<u>180.00</u>
		TOTAL:	\$ <u>1420</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Jacqueline M. Arendt
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Lexington, Massachusetts 02421-4799

Dated: October 03, 2001